Genesis

VOICE OF STUDENTS

What do I do now?

CASE: "OMIT THE MISTAKE"

As a medical student, I observed that a patient was suffering an adverse drug reaction because he had been given an overdose of the medication. The patient was told that his discomfort was due to an allergic reaction to the medication. He was not told that an order had been written improperly. I was then instructed to write a note documenting the incident, but omitting the mistake.

Commentary: Lawrence J Schneiderman

When I was a medical resident, I prescribed an overdose of an anticoagulant for an elderly man being treated for deep vein thrombosis. At that time, the drug Dicumarol was being replaced by Coumadin (warfarin sodium), which was 10 times more powerful. In writing the prescription, I used the more up-to-date medication, but inadvertently put the decimal point in the old-fashioned location. Within a few hours, the patient was producing beet-juice urine. I was horrified. I had just turned the patient's illness from one that was potentially life-threatening to one that was imminently life-threatening.

I told the patient what had happened, but cannot take credit for lofty virtue in doing so. I had no choice. We were in this together. I spent the rest of the day and the entire night by his bedside, monitoring his heart rate and blood pressure. I gave him vitamin K, checked his urine and stools, and stuck the poor man's fingers to draw blood to determine his hematocrit—all this after I had typed and crossmatched his blood and given him a transfusion of 3 units. He seemed to be bleeding everywhere I looked.

Throughout this adventure, the patient kept trying to console me as much as I was trying to administer to him. Every time I had to do a painful pinprick of his finger to get blood, I must have conveyed my own pain so vividly that the patient kept reassuring me that it wasn't so bad. In the early hours of the morning, he began to produce a more elegant vin rosé, and we both took the occasion to offer it to each other in celebration.

I was struck by how much the patient continued to trust me even after I had given him good reason not to. Somehow, the fact that I promptly confessed my error, promptly tried to correct it, kept close watch, and thereby made clear that I would do my best to protect him—all this reassured him. He could see we were in this together.

The outcome made it easier, of course. We were lucky. He came away intact. And I came away wiser.

This, in fact, is how most physicians absorb their most powerful and unforgettable lessons: from their mistakes. Today, when I hear about a student's or resident's mishap, I'm quick to confess my own failings. "If it's true you learn

from your mistakes," I say to the miserable soul, "someday I'll know everything."

Author: Lawrence J Schneiderman is a professor of family and preventive medicine and medicine, University of California, San Diego School of Medicine, San Diego, CA

Commentary: Ben Rich

A patient's medical record is sacrosanct in that it must be consistently maintained with scrupulous attention to completeness and accuracy. Under no circumstances, and certainly not for the purposes of disguising someone's mistake, should any person place misleading information in the record. Writing a note that suggests that a patient experienced an allergic reaction to a particular medication when that is not the case cannot be justified on any grounds. To do so would deprive the patient of that medication in the future when it may be critical to his or her health.

If the treatment of the patient became an issue in subsequent litigation, the person who entered that note in the record could be called to testify about the incident. That individual would have to choose whether to acknowledge the inaccuracy of the note or to stand by the accuracy of the note as a factual representation of what happened to the patient and hence commit perjury.

Medicine is practiced by fallible human beings. Mistakes are made, and when they are discovered and have adversely affected a patient, they must be acknowledged. The place of truth-telling in medical ethics has been encumbered by what might be referred to as "the therapeutic privilege." Technically, that phrase refers to 1 of only 2 recognized exceptions to the general rule that the patient's informed consent must be obtained to a procedure with any risk that is not *de minumus.* If, in the physician's judgment, disclosure of the patient's condition is likely to create an unreasonable risk of serious harm to the patient, the doctor may invoke the therapeutic privilege and withhold that information. Except in these exceedingly rare circumstances, the general rule of medical ethics and medical law is that a physician has a duty to disclose to the patient all information that is necessary for an informed decision to be made about treatment options.

Historically, something like the therapeutic privilege was used by many physicians when they withheld the diagnosis of a terminal or life-threatening condition from patients. Unlike the confidentiality of patient information, which has roots running deep into the Hippocratic medical corpus, truth telling as a general principle of medical ethics was not recognized until late in the 20th century. This strikes me as a curious artifact of the history of medicine if we are to think of the doctor-and-patient relationship as fiduciary. A fiduciary is one who owes another the duties of good faith, trust, and confidence. It is by definition, therefore, inconceivable that you can discharge the responsibilities of a fiduciary while at the same time withholding from the person to whom those responsibilities run information that bears directly and substantially on that person.

Author: Ben Rich is associate professor in the bioethics program, University of California, Davis Medical Center, Sacramento, CA.